

Glamorgan County Council.

EDUCATION COMMITTEE.

Annual Report

OF THE

School Medical Officer

ON

Medical Inspection of Children in Maintained Primary and
Secondary Schools for the Year 1947

BY

ARTHUR R. CULLEY, M.D., B.Ch. (Wales), B.Sc., M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H.

CARDIFF
WILLIAM LEWIS (PRINTERS) LTD.
1948.

To the Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the work of the School Health Service for the year ended 31st December, 1947.

This is the first report on a full year's working of the School Health Service under the administrative machinery of Divisional Executives as formulated by the Education Committee for the implementation of the Education Act, 1944. It will be noted that a great deal of hard work has been accomplished as the new machine settled down into new grooves. The Committee and all the Divisional Executive Committees can be pleased, speaking generally, of the results of their endeavours during the year.

This report has been compiled by Dr. Evan Thomas and sections have been contributed by certain members of the Staff of the School Health Service. I am grateful to all these persons. Dr. D. J. Thomas has provided the details relating to the Excepted District of the Rhondda and thanks are due to him for his care in compilation.

Medical inspections amounted to 22,690 and dental inspections to 54,224. Filling of teeth increased and 5,388 children were given general anaesthetics for extraction of teeth. 7,632 refractions were accomplished during the year—a staggering total.

As far as one can judge from general impressions of medical officers, the children appear to have maintained their state of nutrition.

We have failed to obtain any orthoptists to serve in the area and only one speech therapist in spite of repeated advertisements. Asthma clinics were made available to all children and 501 (excluding Rhondda) came under treatment.

A large survey by mass radiography was conducted for secondary school children and comment is made in the report about this.

Mr. A. O. Parker, Orthopaedic Surgeon, resigned from the position of School Orthopaedic Surgeon after many years service. His service to Glamorgan children has been of the greatest value and deserving of great thanks.

We shared in an outbreak of anterior poliomyelitis (infantile paralysis) which visited the British Isles, and over 100 cases were notified, about 40 being in school children.

The shortage of residential provision for certain categories of handicapped children, e.g. subnormal educationally, physically defectives, and deaf children, has caused a great deal of concern to the Committee. This seems to be an insoluble problem because of the lack of likely buildings for adaptation and the impossibility of the erection of new buildings. It is hoped that some good fortune will bring to light some answer to this difficult position.

I would like to thank the Head Teachers and other staffs for their continued assistance to the School Health Service in its aims to improve the health and well being of the children in the area.

I desire to express my gratitude to all the members of my staff who have contributed to the year's work.

Lastly, the encouragement given to me by the members of the Committee is something which is very deeply appreciated and indicative of the desire of the Committee to provide all help to Glamorgan children to maintain health.

I am,

Your obedient servant,

A. R. CULLEY,

County School Medical Officer.

February, 1948.

SCHOOL MEDICAL OFFICER'S DEPARTMENT.

STAFF.

The Medical, Dental, and Nursing Staff of the County School Medical Service during the year 1947 was as follows :—

SCHOOL MEDICAL OFFICER.

A. R. CULLEY, M.D., B.CH. (Wales), B.SC., M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H.

DEPUTY SCHOOL MEDICAL OFFICER.

WILLIAM EVAN THOMAS, M.B., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.

MEDICAL INSPECTORS.

NAUNTON R. JENKINS, M.R.C.S., L.R.C.P., D.P.H.

MOREEN WHELTON, M.B., B.CH., B.A.O., D.P.H., B.SC.

GWLADYS EVANS, M.R.C.S., L.R.C.P., D.P.H.

F. S. A. FORBES, M.B., CH.B., D.P.H. (From 10th November, 1947.)

AMY L. JAGGER, M.D., B.CH., M.R.C.S., L.R.C.P., D.P.H., B.SC.

MERLYN LEWIS, M.B., B.CH., B.SC.

T. M. A. LEWIS, M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H., B.SC.

ELIZ. A. MARSDEN, M.B., CH.B.

DORIS WILLIAMS, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

ALYS M. RICHARDS, M.B., B.CH., B.SC.

Temporary.

G. V. COLE, M.R.C.S., L.R.C.P. (From 5th May, 1947.)

V. S. HAWKES, M.R.C.S., L.R.C.P. (To 31st August, 1947.)

EIRY JONES, M.B., B.CH., B.SC.

MARY EVANS, M.D., B.S., M.R.C.S., L.R.C.P., D.R.C.O.G.

Part-time.

A. M. AMDOR, M.B., CH.B., D.P.H. (From 17th February, 1947.)

BERYL BEVAN, M.B., B.CH., M.R.C.S., L.R.C.P., B.SC. (To 26th February, 1947.)

D. J. DAVIES, M.B.E., B.SC., M.B., B.S., D.P.H. (From 20th January, 1947.)

E. W. KINSEY, M.R.C.S., L.R.C.P., D.P.H. (To 31st January, 1947.)

H. R. STUBBINS, M.D., D.P.H.

D. TREVOR THOMAS, M.R.C.S., L.R.C.P., D.P.H. (From 13th January, 1947.)

CONSULTING ORTHOPAEDIC SURGEON.

ARTHUR O. PARKER, M.D., C.M., M.C.P.S. (To 31st December, 1947.)

SENIOR DENTAL OFFICER.

JOHN YOUNG, L.D.S.

DENTAL SURGEONS.

MARY M. M. DAVIES, L.D.S.

FRANK G. EVANS, L.D.S.

WYSTAN A. PEACH, L.D.S.

J. GRAHAM JONES, L.D.S.

J. B. CLARK, L.D.S.

PETER D. JONES, L.D.S.

JOHN I. HUGHES, L.D.S.

F. S. S. BAGULEY, L.D.S.

HYWEL P. R. WILLIAMS, L.D.S.

MALDWYN VAUGHAN, L.D.S.

H. G. MOON, L.D.S. (From 1st January, 1947.)

J. W. LEWIS, L.D.S. (From 28th April, 1947.)

R. N. LEWIS, L.D.S. (From 1st September, 1947.)

Temporary.

E. HEVIN JONES, L.D.S.

Part-time.

THOMAS J. DAVIES, L.D.S.

W. TREVOR FLOOKS, L.D.S. (To 2nd May, 1947.)

DR. K. H. GUTTMAN, D.M.D. (To 12th June, 1947.)

W. D. HANNAFORD, L.D.S. (From 10th September, 1947.)

SPEECH THERAPIST.

BARBARA EDWARDS, L.C.S.T. (From 27th October, 1947.)

SUPERINTENDENT SCHOOL NURSE.

ELLEN G. WRIGHT, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

SCHOOL NURSES.

RUTH DAVIES, S.R.N.

C. BRAZELL, S.R.N.

G. G. JONES, S.R.N., C.M.B.

(MRS.) F. M. HENDERSON, S.R.N., C.M.B.

C. EDWARDS, S.R.N., Certified Home Teacher of the Blind.

A. MORRIS, S.R.N., C.M.B., Certified Home Teacher of the Blind.

E. LAWRENCE, S.R.N.

E. ROBERTS, S.R.N.

G. M. WILLIAMS, S.R.N., C.M.B.

O. F. DAVIES, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

F. E. COLE, S.R.N., C.M.B.

L. A. BEVAN, S.R.N., Certified Home Teacher of the Blind.

D. M. TREMBATH, S.R.N.

C. E. DAVIES, S.R.N.

H. M. PARR, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

SCHOOL NURSES—continued.

O. M. HOWELLS, S.R.N., C.M.B.

GWYNETH WILLIAMS, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

(Mrs.) M. A. MORGAN, S.R.N.

I. TOYE, S.R.N., C.M.B.

J. M. DAVIES, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

(Mrs.) S. M. WILLIAMS, S.R.N.

IVY DAVIES, S.R.N.

CERIDWEN JONES, S.R.N., C.M.B.

L. D. WILLIAMS, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

D. R. CHICK, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

E. M. JOHNS, S.R.N.

G. M. PHILLIPS, S.R.N., HEALTH VISITOR'S CERTIFICATE. (From 15th April, 1947.)

G. JAMES, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B. (From 15th April, 1947.)

J. C. JONES, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B. (From 6th May, 1947.)

M. VERCOE, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B. (From 28th May, 1947.)

A. JONES, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B. (From 2nd June, 1947.)

V. E. LAWRENCE, S.R.N., O.N.C. (From 15th April, 1947, to 3rd September, 1947.)

M. E. LEEKS, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B. (From 15th April, 1947, to 31st December, 1947.)

Temporary.

(Mrs.) I. POWIS, S.R.N., C.M.B.

(Mrs.) I. E. M. CLISSOLD, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

(Mrs.) V. M. C. MORRIS, S.R.N., C.M.B.

(Mrs.) G. E. LE 'BER, S.R.N.

(Mrs.) M. C. PARRY, S.R.N., C.M.B., S.R.M.N.

(Mrs.) G. M. THOMAS, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

D. JONES, S.R.N., C.M.B. (From 2nd October, 1947.)

(Mrs.) A. M. SURRIDGE, S.R.N., C.M.B. (To 9th August, 1947.)

(Mrs.) M. A. SANDERCOCK, S.R.N., C.M.B. (To 30th September, 1947.)

(Mrs.) W. E. M. TURNBULL, S.R.N., C.M.B. (From 8th September, 1947, to 26th December, 1947.)

ORTHOPAEDIC NURSES.

E. A. THURSTON, C.S.P.M.E., O.N.C.

BETTY WALTERS, O.N.C. (From 1st December, 1947.)

DENTAL ATTENDANTS.

MAY JAMES. (To 31st August, 1947.)

(Mrs.) AGNES FISHER.

(Mrs.) ANNIE JONES.

MARTHA JAMES.

DORIS V. LEWIS.

GWYNETH A. THOMAS. (From 5th November, 1947.)

AUDREY G. MORGAN. (From 5th November, 1947.)

JOYCE CORBETT. (From 5th November, 1947.)

Temporary.

MAY E. HILL.

RHONDDA EXCEPTED AUTHORITY.

DISTRICT SCHOOL MEDICAL OFFICER.

D. J. THOMAS, M.B., B.S. (Lond.), B.Sc. (Lond.), D.P.H. (R.C.S. AND P. Lond.).

ASSISTANT SCHOOL MEDICAL OFFICERS.

EDGAR C. POWELL, M.R.C.S., L.R.C.P.

H. PATRICIA EVANS, M.B., B.CH., B.Sc. (To 10th December, 1947.)

E. JOYCE EVANS, M.B., B.CH.

JOY A. MACGREGOR, M.B., B.CH.

HARRY O'FLANAGAN, L.R.C.P. AND S., M.R.C.P., D.P.H. (From 14th August to 22nd October, 1947.)

SENIOR DENTAL SURGEON.

JOHN H. REID, L.D.S. (R.C.S.). (To 16th April, 1947.)

ASSISTANT DENTAL SURGEONS.

MARGARET E. BYRNE, B.D.S.

NORMAN HARDY, L.D.S. (R.C.S.). (To 12th July, 1947.)

Part-time.

KURT HERTZFELD, D.M.D.U. (Hamburg). (From 14th April, 1947.)

SUPERVISOR OF SCHOOL NURSES.

ANNIE THOMAS, S.R.N., C.M.B., CERT. R. SAN. I., HEALTH VISITOR'S CERTIFICATE. (To 13th October, 1947.)

LILIAN MORGAN, HEALTH VISITOR'S CERTIFICATE, C.M.B. (From 14th October, 1947.)

SCHOOL NURSES.

ELIZABETH HUGHES, C.M.B.

EDITH M. WATKINS, C.M.B.

ELIZABETH ISRAEL, S.R.N., C.M.B.

E. VIOLET GIBSON, HEALTH VISITOR'S CERTIFICATE.

EDITH STEPHENS, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

MYFANWY BUCKLEY, S.R.N., C.M.B.

SARAH H. DAVIES, S.R.N., C.M.B.

GWYNETH M. GRIFFITHS, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

EIRWEN BONNER, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

ADA JACKSON, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

GWENLLIAN WILLIAMS, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

EVELYN B. HENSHAW, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

CATHERINE DAVIES, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

BEATRICE M. LLOYD, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

ROSA E. JONES, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

JANE A. JONES, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

RHONDDA EXCEPTED AUTHORITY—*continued*.*SCHOOL NURSES—continued.*

MYRA E. PHILLIPS, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

MARY HARRIS, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B. (To 6th September, 1947.)

MARGARET DANIEL, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B. (From 20th January, 1947.)

MARY BETTY OWEN, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B. (From 10th November, 1947.)

ORTHOPAEDIC NURSE.

WINIFRED M. JENKINS, C.S.P., S.R.N.

DENTAL ATTENDANTS.

CONSTANCE T. HARRISON.

GWYNETH ATKINS.

IRIS TROW. (To 31st August, 1947.)

HANNAH M. EDWARDS.

The following statistics show the extent of the work of the Department during the last ten years. The figures relating to members of the staff during the war years include those serving in H.M. Forces.

BRIEF SURVEY OF THE WORK OF THE SCHOOL HEALTH SERVICE DURING THE YEARS 1937-1947.

	1937.	1942.	1943.	1944.	1945.	1946.	1947.
A. STAFF.							
(i) Assistant Medical Officers ..	13§	13	9	9	9	16††	20†††
(ii) Consultant-Orthopaedic Surgeon	1	1	1	1	1	1	1
(iii) Dental Surgeons	11	11	10‡‡	12	12	15	19
(iv) School Nurses	29*	28*	26*	27*	27*	40†	40
B. MEDICAL INSPECTION.							
(i) Routine Examinations ..	13,877	7,916	12,997	14,214	12,575	18,468	22,690
(ii) Special Examinations ..	1,924	3,902	2,356	1,934	2,134	2,977	5,033
(iii) Re-examinations	7,202	8,958	13,157	7,782	7,461	10,137	12,678
Totals	23,003	20,776	28,510	23,930	22,170	31,582	40,401
C. DENTAL INSPECTION.							
(i) No. of children inspected by School Dentists	30,034	21,089	10,682	15,359	19,894	49,201	54,224
D. TREATMENT.							
(i) No. of Treatment Centres ..	44	44	37	34	35	49	57
(ii) Attendances at School Clinics.							
(a) Dental	51,691	28,256	20,750	19,032	22,268	39,926	49,281
(b) Refraction	5,780	5,248	4,862	4,613	5,758	6,696	9,067
(c) Orthopaedic	3,165	2,463	2,359	2,306	2,327	2,984	5,748
Totals	60,636	35,967	27,971	25,951	30,353	49,606	64,096
(iii) Treatment.							
(a) No. of teeth extracted	40,534	29,013	17,937	16,965	18,705	29,980	34,075
(b) No. of teeth filled ..	15,303	8,255	5,271	5,835	6,832	15,116	20,244
(c) No. of other operations	5,470	3,475	2,680	3,292	3,054	7,518	10,270
Totals	61,307	40,743	25,888	26,092	28,591	52,614	64,589
(iv) No. of pairs of spectacles provided	1,429	819	858	758	1,371	1,847	3,026
E. SCHOOL NURSES.							
(i) No. of examinations of children at school for uncleanness	157,272	240,806	254,038	265,111	211,774	280,950	298,079
(ii) No. of re-examinations ..	22,047	41,712	41,158	27,158	21,317	24,985	31,573
(iii) No. of visits paid to homes ..	28,713	40,905	39,935	33,517	27,475	30,388	32,255

* Including two trained Orthopaedic Nurses.

† Includes one trained Orthopaedic Nurse.

†† Including two part-time Assistant School Medical Officers.

††† Including six part-time Assistant School Medical Officers.

‡‡ Including one part-time Assistant Dental Officer.

|| Including three part-time Assistant Dental Officers.

|||| Including four part-time Assistant Dental Officers.

§ Including four temporary Assistant School Medical Officers.

SCHOOL MEDICAL INSPECTION AND TREATMENT.

1. NUTRITION.

The Ministry of Education this year, in place of the classification of Nutrition, "A" Excellent, "B" Normal, "C" Slightly Sub-normal, and "D" Bad, gave directions that a new heading "General Condition" should be introduced, the groups being reduced from four to three: "A" = Good; "B" = Fair; and "C" = Poor. The aim is to assess the clinical condition of the child, having in mind those conditions only to be found in the healthy, namely, alertness, good muscle tone, posture, and carriage and freedom from any sign of ill health as opposed to sluggishness and flabbiness which may be found in certain children of average weight for their age but yet not in sound health. It is the examining Medical Officer's general impression of the child's physical fitness which is required.

In previous Annual Reports for the County, the percentage of children reported as undernourished has been in the region of 7·5—10%, the percentage in groups "C" and "D" in 1946 being 7·70%, and one would have expected, under the new classification, the proportion grouped as "C" or Poor under the new grouping would have been something of the same order, or perhaps slightly higher. The returns for the year, however, show that of the 22,690 children examined (including those at the Blind School) 43·37% are given as "Good," 52·65% as "Fair," and 3·98% as "Poor." The explanation for this is that Medical Officers continued as previously to put a considerable proportion of normal children into the "B" category, rather than into "A," which, under the old system, only included those in excellent health. The attention of the Officers concerned has been drawn to this matter.

As the returns this year, for the reason given, cannot be compared with the figures in previous reports, the Medical Officers have been asked for an expression of opinion regarding the state of nutrition of the school population, and they are agreed with one exception that there has been no deterioration. Dr. D. J. Davies, Medical Officer of Health, Port Talbot, and Part-time Assistant Medical Officer, states that he has the impression that 11 plus pupils appear to be below the optimal state of nutrition, his report apropos this matter being as follows:—

"Nutrition: It is difficult, with the present ration scale, for mothers to provide adequate nutritious meals for school children. Many of the fathers in this area are engaged in heavy manual work either at steelworks or mines, and thus also require a high calorie diet. Cases of gross malnutrition are very rare—they are usually neglected children. It is difficult to judge mild degrees of malnutrition. One has to rely on impressions and not exact criteria. Though the general nutrition of school entrants appears to be satisfactory, a fair proportion of the 11 plus pupils appear to be below the optimal state of nutrition. This is however an impression.

Despite the above impression, the provision of free school milk and dinners must help considerably to promote a satisfactory nutritional state among school children."

With regard to the Maesteg area, Dr. Amdor reports that while the general standard of nutrition in that area is moderately good, "the standard of nutrition throughout the district reveals too few children whom one could readily classify as Group "A," and too many who are doubtfully classed as "B," yet cannot be truthfully put into Class "C."

2. MILK AND MEALS IN SCHOOL.

The duty laid on the authority to provide milk and dinners on school days is being met as far as possible, but the rate of progress of the scheme is linked up with the problem of building and equipping canteens. Progress towards the goal of a mid-day meal for all children attending County maintained schools who require it is however being made, and the reward which shows itself in the better health of the

children is worth striving for. When the last return was obtained by the Director of Education for a day in October, it was found that the percentage of children who received meals was as shown in the table on page 11. Reports indicate that the meals provided are well cooked, appetising, and much appreciated by the children. Requests for similar facilities in areas not already provided for are frequently made, as mothers fully realise the advantages of this additional supplement to their children's rations.

With regard to milk, the return referred to above showed that 94,663 children received the allotted one-third of a pint of free milk, being 2,804 less than the return made in the previous October. Several factors influence the figures given, the principal being the percentage attendance on the days in question.

Proper milk storage facilities are not always available in the schools. When taken in from the contractor who supplies it, the crates of one-third pint bottles are usually placed in a cloakroom or classroom until handed out to the children for drinking at the 11 o'clock morning break. Because of unsatisfactory reports on storage the medical staff have been instructed whenever they visit schools for inspection purposes to make a report on the adequacy or otherwise of the arrangements, and also as to improvements which can be made, and thus steps are taken to ensure that, as far as can be prevented, no contamination of the milk occurs after delivery.

No outbreak of disease due to milk or food poisoning due to food prepared at any of the school canteens has occurred during the year, nor, it is to be hoped, will any arise, but this can only be prevented by constant vigilance on the part of the canteen staff in maintaining a high standard of cleanliness and personal hygiene. Instruction in the dangers of contamination of food due to faulty handling should be given to all personnel engaged in the preparation of food, and it is hoped to fix up a course of lectures in certain areas at least.

As hitherto, every effort is made to secure that only pasteurised or T.T. milk is supplied, and, as will be seen from the table given, only 21 schools now receive ungraded milk. These are in rural areas where other milk cannot be obtained.

Division.	Category of school milk supplies.			
	Accredited.	T.T.	Pasteurised.	Ungraded.
Aberdare	—	—	71	—
Caerphilly	—	2	67	1
Mid-Glamorgan ..	—	—	93	1
Neath	—	—	59	—
Pontypridd	—	1	78	—
Port Talbot	—	—	39	—
South-East Glamorgan	5	2	45	6
West Glamorgan ..	1	—	58	13
TOTAL ..	6	5	510	21

PROVISION OF MILK AND MEALS—RETURN FOR A DAY IN OCTOBER, 1947.

SUMMARY OF RETURNS COMPLETED BY HEAD TEACHERS.

Percentage of Children receiving Meals in Primary Schools (excluding Rhonddda) 42.62.

Percentage of Children receiving Meals in Secondary Schools (excluding Rhonddda) 67.2.

Percentage of Children receiving Meals in Primary and Secondary Schools (excluding Rhonddda) 48.24.

Estimated number of 124 Children issued with milk not included in returns.

Division	No. of Pupils in attendance			No. of Pupils taking Meals										No. of Pupils taking Milk				Nurseries			No. of Schools or Departments served
				Primary			Secondary			Grand Total											
				Free	Pay-ment	Total	Free	Pay-ment	Total												
Aberdare	6960	2096	9056	987	1636	2623	374	683	1057	3680	6686	1933	8619	32	32	32	46	70			
Cardiff	8999	1740	10739	1193	2821	4014	230	910	1140	5154	8692	1498	10190	30	30	30	48	65			
Mid-Glamorgan ..	10739	2227	12966	1529	3956	5485	326	1252	1578	7063	10154	1728	11882	91	91	91	60	75			
Neath	7535	499	8034	513	4404	4917	29	314	343	5260	7089	403	7492	38	38	38	43	52			
Pontypridd	8170	1237	9407	575	1372	1947	166	357	523	2470	7859	1151	9010	45	45	45	21	49			
Port Talbot	6174	693	6867	441	2115	2556	59	436	495	3051	5942	639	6581	—	—	—	31	37			
South-East Glamorgan ..	10305	1096	11401	292	1901	2193	35	812	847	3040	9830	876	10706	36	36	36	34	41			
West Glamorgan	6622	889	7511	684	3500	4184	117	567	684	4868	5951	714	6665	29	29	29	46	58			
Rhondda Excepted ..	11921	6096	18017	2436	3121	5557	1325	2518	3843	9400	11352	4830	16182	245	245	232	85	95			
Intermediate and Technical Schools	—	8950	8950	—	—	—	508	5880	6388	6388	—	7336	7336	—	—	—	21	22			
Totals	77425	25523	102948	8650	24826	33476	3169	13729	16898	50374	73555	21108	94663	546	546	533	435	564			

3. CLEANLINESS AND SKIN INFECTIONS.

The need for regular cleanliness surveys in the schools is as great as ever, although perhaps not quite as frequent as in the early days of the school medical service, but if surveys are neglected the few cases of infestation in a school will result in others. Constant vigilance is therefore required, and although the frequency of inspection is less, the average number of visits per school being 4.5 as compared with 5.2 in 1946, the total number of re-examinations, viz. 31,573, was higher by 6,588. This re-examination is important as it is a follow-up examination by the nurse to ascertain whether steps have been taken to deal with infestation discovered at a previous examination. The percentage found to be clean on re-examination shows an appreciable improvement, particularly in the case of girls, the increase being 8.45%. This reflects credit on the work of the school nurse, who acts not only as an adviser to mothers on how to clean up the condition, but is also prepared to tackle it herself. It was again unnecessary to resort to the powers given in section 54 of the Education Act for ensuring cleanliness as, with few exceptions, modern mothers are most glad to co-operate with the nurse, regarding vermin and nits as a disgrace, and are fully aware of the sequelae, such as sores and irritation, if neglected.

While a few children may pick up their infestation in school from a close contact with an affected fellow pupil, it is quite possible and even more likely for the condition to be contracted in the home from younger children or even adults from the use of a communal brush and comb or by other means. In these circumstances it is of little value if the nurse uses Lethane Oil or other preparations to clean the head, unless she visits the home and instructs the mother in the best methods to employ and the need for dealing with any other source of infection in the household. With the integration of the Maternity and Child Welfare and School Health Services in the near future, when the duties of the school nurse and health visitor will be combined, this officer will then be able to deal with the family as a whole, thus making her work easier, not only in tackling problems such as this but also others.

The boys' clothing is reported as clean in 99.58%—a further slight improvement on last year, but in girls there is a slight deterioration, i.e. from 99.81 to 99.73%.

The general standard of cleanliness among the pupils as a whole remains excellent, and it is most unusual for a child to be recorded as verminous, there being only 14 boys and 9 girls in 140,152 and 125,294 examinations respectively, or 0.01% in each instance, which is almost negligible. As the same child may have been recorded as verminous on two or three occasions, the number involved probably does not run into double figures in a school population of approximately 100,000.

Scabies and impetigo, which showed a marked increase during the war years, continue to decline, the number of cases treated during the year being lower by 88 and 56 respectively.

4. ROUTINE MEDICAL INSPECTION.

Routine medical inspection has now become an accepted part of a child's school life, and it is exceptional for a parent to raise objection to the examination of his child, as the value of a check-up is fully realised. The occasion is often made use of by the parent not only for the finding out of defects but also to bring to the notice of the examining officer any ailment which may have been a cause for concern, and to have a frank discussion regarding preventive and curative measures. There is a growing realisation among parents that the school doctor is a specialist in these matters, and this is justified, for the present training of these officers is in this direction and a diploma in Child Health or special experience in Children's Diseases is now almost a *sine qua non* for those who undertake this work.

While, as stated above, compulsion to present a child for examination is somewhat unusual, it became necessary in one instance of a child aged 8, in whose case the reasons given for non-attendance at school were doubted. The parent was directed by the Court which dealt with the case to submit the child for examination at a clinic, which he did, although even then reluctance was shown in accepting the advice regarding treatment, which would have enabled the child to take her place in the normal educational system. The more usual attitude, of course, is a ready acquiescence in the suggestion made and a desire to avail themselves of the treatment facilities provided.

The growth of the School Health Service has been marked also by an increase of co-operation between Doctors and Teachers, and the help rendered by the latter in encouraging the parents and pupils to accept the advice and assistance given under this most important service has proved most beneficial, indeed invaluable.

Teachers are in the position to observe their pupils and notice defects which are proving a bar to a child's educational progress. The marked increase in the numbers presented for special examination is an indication of their interest, as a large proportion of the 5,033 brought forward in this way are for conditions noted by them for which advice is sought.

Many conditions, such as defective vision or hearing, which do not always show themselves in class, are found however during routine inspection, and the Medical Officer in his turn can collaborate with the teacher by bringing such of these as are thought necessary to the notice of the school staff, who can arrange for the partially deaf, or those with defective vision, to occupy suitable positions in the classroom. The School Nurse also in cases of this kind plays her part in keeping teachers informed of recommendations which should be brought to their notice regarding defects discovered at routine or other inspections.

Advice regarding exclusion from drill and games for heart conditions is always forwarded to Head Teachers and parents from my office, and one wonders whether in a proportion of these cases at least it is in the best interests of the child to exclude him from those forms of activity in which most children during their school years revel. Such a decision should, in my opinion, only be taken after a full investigation of the condition, as otherwise there is always a danger of converting these cases into "cardiac cripples." It is my intention during the coming year to refer all, except those in which the issue is clear, to the County hospitals for consultant advice. Such a course may relieve both parents and pupils of much unnecessary anxiety.

The work has been kept well up to date, the children being examined in the three recommended age periods, viz. on entry to school, during the last year in the primary school, and the last year in the secondary school. This reduces the number of inspections which a child receives during school life, resulting, as previously mentioned, however, in a greater number of special and re-examinations.

Included under the Special Inspection Group are children seen during general school surveys, which totalled 5,538 last year as compared with 10,825 in 1946.

The total number of inspections carried out as compared with previous years is shown below :—

			<i>Routine inspections.</i>	<i>Special inspections and re-inspections.</i>	<i>Total.</i>
1945	..	..	21,048	26,905	47,953
1946	..	..	20,936	27,163	48,099
1947	..	..	22,690	23,249	45,939

5. CLINIC PREMISES.

Little improvement in clinic facilities has been possible in the past twelve months, although the need for better accommodation becomes more urgent with the holding of more frequent clinics for the additional services which are being provided under the School Health Service. Many clinics, more particularly for dental treatment, are held in classrooms or chapel vestries where proper sterilising arrangements and other amenities so essential are lacking. Mothers and children recommended for dental anaesthesia have to travel some distance to premises properly equipped for such treatment, and time taken up in such journeys can ill be spared by those with household duties or other children to care for.

Alternative accommodation rarely becomes available, but where opportunity offers itself full advantage is taken of it to better the conditions. Pontyclun is a case in point, as here much complaint had justifiably been made about the unsuitability of the chapel vestry in which the clinic was held. On occasions conditions were so bad that the dentist had difficulty in working because of the inadequate heating. Alternative premises had been sought for some time without success and then the Llantrisant Rural District Council gave consent to the use of their Maternity and Child Welfare Clinic at Talbot Green, on its restoration from a first aid post, and this has proved a great boon.

The Penybont Rural District Council also offered the use of certain of their *ad hoc* Maternity and Child Welfare Clinics for dental purposes in order to save patients the journey to Bridgend. Unfortunately they were not totally suitable in their present lay-out without structural alterations, which it has not been possible to effect because of building difficulties.

Conversions are proposed at Gorseinon, where plans have been drawn up to convert the ex-A.R.P. report centre into a clinic, while in Pontypridd work will soon commence on the alterations to the Pontshonorton Clinic, for which the approval of the Ministry of Education has been received.

The adaptation of the Tonyfelin Baptist Chapel vestry has eased the position to a certain extent in Caerphilly, but it is not entirely suitable, and new clinics at Seven Sisters, Resolven, and Cymmer are required.

The ideal, of course, is the incorporation of medical inspection and clinic rooms in every large school, as the School Health Service is a basic part of the Educational System and can only function properly if given adequate space in which to work. The need for new school accommodation is urgent, and additional space in a building costs much in these days, but the money will be well spent if the children's health is to be safeguarded.

6. TREATMENT.

(a) *Defective Vision and Squint.*

The number of children examined in the clinics for defective vision was the highest for many years, which is accounted for not only because children from the former Part III Authorities are included, but also because a concentrated effort has been made to deal with the growing total awaiting examination referred to in my last report.

Even so, the waiting list in certain areas is a large one, and it will become necessary to appoint additional part-time officers, who will assist in this work.

The cases dealt with for errors of refraction, including squint, were 7,632, a large proportion being re-examinations for the periodic check-up required to find out whether the glasses prescribed at a previous examination remain suitable or not. This reflects itself in the prescriptions for spectacles issued, which is less than half of those seen, namely, 3,274. The contracting opticians have been hard pressed in meeting this high demand—1,117 more than last year—owing to difficulty in obtaining nickel frames from the manufacturers. This, coupled with the delay in obtaining the more highly powered lenses required in certain cases, has caused much concern, frequent enquiries being received from parents, teachers, and others as to the cause of the delay. Everything possible is being done to alleviate the position and the Committee recently agreed to the provision of gold-filled frames which were available at the time to meet part of the requirements of secondary school children.

The increased number of refractions cannot be taken altogether as an indication of any deterioration in the vision of pupils in the County schools, as the total includes, as mentioned above, some leeway which has been made up. The former Part III areas also swell the previous County return. Concern has, however, been felt in some parts of the County at the possibility of poor school lighting having an adverse effect on vision. There is no conclusive proof of this having occurred but the position will be watched and improvements in lighting are contemplated where this can be done, bearing in mind the shortages and difficulties with which the County Architect is faced.

In the number of children with squint requiring treatment reported at routine medical inspection, there is a slight increase from 173 to 191, and on special inspection from 8 to 59. There is undoubted need for an orthoptic service, and here again, although agreed to by the Committee, it has not been possible to obtain the trained staff required. The equipment has been purchased but remains unused, and the hope that Orthoptists from the services would have become available during the year remained unfulfilled.

Dr. Maureen Whelton, one of the Assistant School Medical Officers, whose work is principally in connection with the ophthalmic clinics, makes the following comment in her report on the year's work:—

"I find that there is a great and growing need for Orthoptic Clinics.

The results of wearing glasses and occluder are on the whole most satisfactory, but the training in an Orthoptic Clinic would shorten the period necessary to wear occluder, and glasses when the refractive error is small.

With the advent of so many new cases now being referred from the Maternity and Child Welfare Clinics it is most desirable that we have an Orthoptic Clinic to refer cases for routine training of squint.

The earlier the training the more advantageous for the child, and it is desirable that the training be well in hand or even completed before the advent of school days. I find the co-operation of the mothers has been excellent throughout as regards wearing occluder and coming up for periodic re-examination as required. The young children have been particularly good about wearing glasses and on the whole breakages have been few.

The attendance at the clinics has been excellent and even small children give little if any trouble about mydriasis and refraction."

Dr. Alys Richards another of the Assistant School Medical Officers, makes comment on the number of children with defective vision at a particular school, and which she suspects may be due to the bad lighting of the school.

(b) *Orthopaedic Scheme.*

Last year it was reported that a complete orthopaedic scheme was being built up for the County, and this year has been marked by a further consolidation of the arrangements made, not only for the treatment of school children but also those of pre-school age, as the latter, by arrangement with the Maternity and Child Welfare Authorities, are also treated in the County Orthopaedic Clinics. The aim of the scheme in operation is to provide treatment, re-education, and after-care for children with crippling defects at the earliest possible moment, thus restoring them, as far as can be done, to the natural condition and preventing, if possible, permanent and gross deformities. An additional clinic was opened at Port Talbot, making a total of ten centres at which clinics are held, and another will be provided in Barry when suitable clinic accommodation becomes available.

Owing to the preponderance of cases in the Neath Clinic, which also serves the Llchwyr and Gower areas, an additional clinic could well be established at Gorseinon to serve the needs of the West Glamorgan Authorities.

Medical Officers on the staff have contributed reports (reproduced below) on the year's work in their particular clinics, which has been a heavy one, the increase in clinic attendances being 2,764.

The full effect of the outbreak of poliomyelitis has not yet been felt in the clinics as several of the more severe cases are still in hospital. The Medical Officers of Health who were responsible for the care of these cases during the infectious stage obtained the services of Orthopaedic Surgeons in the early stages, thus ensuring orthopaedic treatment at a time when the effect of this serious complaint could be minimised by correct splinting, etc.

As the hospitals concerned had no trained orthopaedic nurses available, it was arranged that the school orthopaedic staff should be called in whenever required, and full use was made of them in the application of plasters, etc., frequent visits being made to the hospitals concerned.

On discharge the further treatment of those cases covered by the scheme is carried out as required at the clinics, where they will be kept under supervision as long as necessary.

A revised method of arranging orthopaedic appointments has resulted in a more adequate supervision of cases and improved clinic attendance on the part of patients. The attention of parents and the Medical Officers of the Maternity and Child Welfare Authorities has been drawn to instances of persistent failure to keep appointments by some patients, and stress laid on the need for continuing clinic attendance.

One of the difficulties met with has been that of obtaining the necessary appliances advised at the clinics from the workshops specialising in this type of work. The time lapse between order and delivery depends on the intricacy of the particular appliance required, but is anything from 14 days for minor alterations to 12 months for surgical boots, with the result that in some cases the child for which an appliance was ordered has outgrown it by the time it is received. Parents are advised to have simple alterations to shoes performed at the local shoemaker in order to save time.

Reports on various aspects of the Orthopaedic Scheme which have been contributed by some of the Assistant Medical Officers in charge of the various clinics are given below and on pages 17, 18, and 19.

Report of Dr. Naunton R. Jenkins.

Bridgend and Maesteg Clinics.

The work of the Education Committee's Orthopaedic Scheme for the year 1947 dealing with children suffering from crippling defects was carried on in the Mid-Glamorgan Area, as in previous years, at the Bridgend and Maesteg School Clinics, almost weekly at the former and monthly at the latter. Despite persistent difficulties of transport and supply shortages the work on the whole was smoothly maintained, each clinic, as formerly, being staffed by a Medical Officer assisted by three Orthopaedic Nurses, whilst the County Orthopaedic Surgeon attended every three months for consultations on cases referred by the Medical Officer. Any cases found during these consultations to be in need of operative treatment for correction or improvement of deformities or defects would later receive surgical operative measures by the same surgeon either at the Mid-Glamorgan County Hospital, Bridgend, or at the Prince of Wales Orthopaedic Hospital, Cardiff, and those cases requiring prolonged recumbency for their amelioration or cure would be admitted to Crossways Hospital, Cowbridge, an annexe of the Cardiff Hospital.

At the clinics the usual orthopaedic conditions were examined and treated during the year—deformed feet (club, claw, and flat), deformed toes, deformed knees (knock and bow), dislocated hips, diseased hips (Perthé's—non-tuberculous quiet sub-infection usually clearing up after treatment), deformed fingers, hands, elbows, and shoulders, spinal curvatures and wry (twisted) necks. All these conditions, with the exception of Perthé's disease and mild spinal curvatures and flat feet, usually arise from congenital or paralytic causes, the latter being more commonly infantile paralysis although a fair number arise from stiff or spastic paralysis usually caused by injury or disease of the brain. Fortunately, during the recent epidemic of infantile paralysis, only two cases in this area required after-care at the clinics, both strangely enough suffering from residual paralysis of the left shoulder muscles.

In treating and caring for patients afflicted with the above-mentioned conditions, much work is entailed in the applications and removals of plasters of Paris, measurement and fitting of appliances and the various remedial exercises, and this is done very efficiently by the Orthopaedic Nurses to whom I am deeply grateful.

A pathetic case under our notice was that of a pretty and charming little child hopelessly crippled and bedridden from birth by the unfortunate absence and maldevelopment of the muscles of her both legs (myodystrophia foetalis), for which it is regrettable that nothing can be done. Having visited the home, however, I am happy to record that the child is well cared for and contented and is visited periodically by a School Nurse—she also receives a limited amount of lessons at her home.

The quality and quantity of children's footwear, which is so important in foot maladjustments, showed no improvement during the year and is still a source of much anxiety to the already overburdened and harassed parents.

The statistical figures for the year were :—

	<i>Bridgend Orthopaedic Clinic.</i>	<i>Maesteg Orthopaedic Clinic.</i>
	<i>Attendances.</i>	<i>Attendances.</i>
Elementary and Secondary	751	207
I.C.W.	143	73

*Report of Dr. Amy L. Jagger.
Ystrad Mynach and Penarth Clinics.*

Orthopaedic clinics have been held in Ystrad Mynach for school children and children referred from Infant Welfare Clinics from Gellygaer and Caerphilly areas. Separate clinics are held for children with only postural defects, where they are taught exercises to do at home.

In Penarth Clinic children from that district continue to be seen, together with those from Barry, as it has not yet been possible to arrange a clinic in that town. The number attending this clinic has increased so much that clinics have to be held three times a month instead of once a month. The work is done under great difficulty as the clinic is held in one room of Victoria Infants' School; this has to serve as waiting room, consulting room, and also for treatment, screens giving some degree of privacy. It is impossible to do any plaster work here and cases requiring such treatment have still to be referred to the Prince of Wales Hospital.

In spite of the epidemic of anterior poliomyelitis, the number of cases with paralysis seen in the clinics so far has been less than usual, and so far only two cases with residual paralysis have been referred for treatment; one has extensive paralysis below the waist but the other has paralysis only of one thumb muscle.

During the year many children who are unfit to attend school, and whose parents applied for milk at home under new Ministry of Food regulations, have been seen in their homes. All are educationally subnormal to a degree making them uneducable even in a special school, and most are paralysed in their lower limbs so that they are unable to walk or only walk with difficulty. Earlier treatment would not have prevented their condition but in a few cases treatment may benefit them slightly. These children are, without exception, well cared for and their parents' only anxiety is that the child might be taken away from them.

The supply of children's boots and shoes in the shops does not seem to have increased, and as alterations to them take about four weeks at Oswestry work is still very difficult, as much use as possible is made of the local cobbler and of "handy" fathers, but parents tend to have less faith in homely and easy alterations than in some mysterious change carried out in far-away workshops.

The Orthopaedic staff has increased during the year and is now adequate, but we greatly regret the resignation of the Consulting Surgeon, Mr. A. O. Parker, in whose judgment and skill parents had absolute trust, and due to whose influence there have been such close and harmonious relations with the Prince of Wales Hospital.

*Report of Dr. T. M. A. Lewis.
Port Talbot Clinic.*

This clinic serves most of the Port Talbot area. Children from the upper reaches of the area, however, attend the Maesteg Clinic. As in other Orthopaedic clinics, cases referred from the local authority responsible for the pre-school child are also treated.

The types of cases treated are largely the postural and congenital types. The less frequent but more disabling cases of infantile paralysis are also seen. Many of the latter affected during the recent epidemic have made considerable recovery but a few have a residual paresis.

Although the number attending the clinic is not large the attendances have been uniformly good.

The Consulting Surgeon for this clinic is Mr. Dillwyn Evans, F.R.C.S.E.

Neath Clinic.

This clinic serves a very large area, that of the Neath Divisional Area and the Loughor and Gower districts of the West Glamorgan Divisional Area. Attendances are uniformly large in this clinic. Here we have the more disabling type of infantile paralysis affected in the recent epidemic—children with one or more limbs affected. The pre-school child forms a large proportion of this clinic.

Pontardawe Clinic.

This clinic serves a smaller population and is held once monthly. Cases that need a consultant's opinion are referred to the Neath Clinic.

These three clinics are situated within easy access of the West Glamorgan County Hospital, where radiological photographs and operative treatment are carried out.

Mr. A. O. Parker, F.R.C.S., of Cardiff, has been the Consulting Surgeon for the Neath and Pontardawe Clinics for many years. He has now retired from this appointment. His many patients can pay testimony to the skilful and valuable work performed by him in the correction of their deformities.

He however insisted on constant after-care being carried out at the clinics provided by the Education Committee.

*Report of Dr. Doris Williams.**Pontypridd Clinic.*

The majority of the new patients seen during the year have been cases of minor foot defects (flat feet, long heels, etc.) and cases of Genu Valgum.

The foot defects and the minor degrees of Genu Valgum have been treated by corrections to boots and remedial exercises. The more severe cases of Genu Valgum have as a rule been seen by Mr. Haycraft. Knock-knee irons or osteotomy have been prescribed for some of these.

A number of patients with slight postural spinal defect have been seen and treated by appropriate exercises.

There are a number of children with spastic paralysis attending the clinic. These are mainly old cases who are being left under observation. New appliances are prescribed for them as required.

There have been no new cases of congenital dislocation of the hip but there are a few old ones under observation. One of these has relapsed and is now awaiting admission to hospital.

(c) Ear, Nose, and Throat.

The hospital arrangements in being for the removal of tonsils and adenoids have been continued during the year, cases being admitted to the County, Municipal, or selected voluntary hospitals.

The work was interrupted by the outbreak of acute poliomyelitis, as it was considered prudent because of this to discontinue treatment from the 28th July to the 31st October.

As no tonsil operations were performed during this time the total treated is considerably less than last year. It is probable, however, that the figure given is not a complete one, as difficulty has been experienced in getting information on operations performed from some of the hospitals concerned, several of which have not supplied a return, while from others the information was incomplete, with the result that a more detailed analysis than the following cannot be drawn up.

Treatment for tonsils and adenoids, or either	..	..	..	..	1,236
Treatment for nasal obstruction	..	..	..	..	17
Treatment for miscellaneous conditions of the nose and throat	..	..	..	..	94
Total	..	..	..	..	<u>1,347</u>

Consideration was given to the retention of cases in hospital for two nights instead of one as at present, but while discretion was given to the hospital authorities to retain the cases a second night if this was thought necessary, it was not agreed to as a general measure.

Unfortunately it has not been possible to expand the clinic facilities for the examination and treatment of children with such conditions as ear discharge, as the number of "other ear diseases" in which cases of this type are grouped in Table II show an increase from 15 to 63. When these conditions are discovered during school inspection, the parent is advised to consult the family doctor, and although many no doubt take this advice, frequently through non-persistence in treatment the condition becomes chronic, resulting in permanent ear damage and deafness.

The advice of Ear, Nose, and Throat Consultants is always available and children are frequently referred for an opinion, but the day to day treatment recommended must be carried out efficiently, and this the mother is not always able to do. With the changes likely to be introduced under the National Health Service a scheme to deal with the problem at regular clinic sessions is not advised at the moment, as it is probable that the treatment of this and certain other minor ailments will become the responsibility of the general practitioner service.

There is no doubt that the incidence of deafness in varying degrees amongst the school population can be reduced by a complete aural service, with ready reference of early cases to hospital for treatment if required.

The chronic catarrh referred to elsewhere in the report is a frequent cause of deafness, leading to a catarrhal inflammation of the middle ear often overlooked.

Regular handkerchief drill and breathing exercises each morning to clear the nasal passages could form a part of the school routine which would help in preventing this condition.

(d) Asthma and other Allergic Conditions,

The asthma sessions held at the County Hospitals weekly were so well attended that there was a waiting list, and in order to deal with the extra work a second asthma specialist has been appointed to give service on the clinic days. Detailed figures of school children have not been kept, as the attendances have been grouped in ten yearly periods, but a large proportion were of school age. Dr. D. A. Williams, the Consultant in charge of this service, reports on the year's working as follows :—

"Increasing medical knowledge in asthma and allied allergic conditions during the last 10 to 15 years has resulted in a desire for clinics specially organised for the treatment of these diseases. Although the exact incidence in school children is not known, it is known to be a common condition and that it gives rise to much chronic ill health. Schooling is seriously interfered with in about a half of these children, while about a fifth are under weight. During childhood, boys are affected more often than girls. It does not appear to be generally recognised that over 60% of all asthma patients commence to have asthma during childhood and that 50% commence under the age of 5 years. There is a popular idea that children outgrow their asthma and this, although partly true, may be a most dangerous belief. A proportion will, between the ages of 10 and 20 years, outgrow their asthma to a large extent, but the remainder, the more severe cases, will tend to become permanent invalids. Of those who outgrow their asthma, the average duration of their illness will have been about eight years, long enough to have caused permanent lung damage in many. It is of fundamental importance that every effort should be made to diagnose and treat asthma as early as possible, however mild it may seem, before irreversible changes have taken place, so that permanent lung damage may be prevented or reduced to a minimum.

Much can be done by finding and treating underlying causes, by breathing exercises, and by teaching the mothers how to deal with the many difficult problems with which they are faced in the bringing up of these children.

Three clinics were started in December, 1946—one at each hospital—and with the opening of the new East Glamorgan Hospital, a fourth clinic was started.

The following table sets out the number of children seen and the number of attendances at each hospital in 1947 :—

	<i>No. of children.</i>	<i>No. of attendances.</i>
West Glamorgan Hospital ..	168	992
Mid-Glamorgan Hospital ..	139	1,510
Llwynypia Hospital ..	70	441
East Glamorgan Hospital ..	124	931

Almost from their inception the demands on the clinics have been more than they could properly deal with, so that there has had to be a waiting list at each hospital. This was unfortunate but as soon as it was realised that the demand was likely to be permanent, the services of an additional specialist were employed. In November, 1947, Dr. D. C. Brown, M.R.C.P., was appointed, and since then the waiting lists have been very considerably reduced.

The number of patients who have availed themselves of the services offered at these clinics is a clear indication of their need, while the willingness of these children and their mothers to attend, many of them for long periods, has been most striking and a source of considerable encouragement to the medical staff.

Thanks are due to the members of the hospital staffs, and especially to the nursing staff, for the efficient and kindly way in which they have dealt with these large clinics."

7. HANDICAPPED PUPILS.

Table III on page 35 gives a return of ascertained Handicapped Pupils in the County excluding the Rhondda Excerpted District. In certain categories the numbers are much higher than last year, notably the Educationally Subnormal Group, which has increased from 211 to 364 and the Delicate from 116 to 151 ; and so progress is being made in bringing forward for special education those who are in need of it. The ascertained incidence is, however, still much lower than the estimated figure for the County but it is, in my opinion, more important to use the services of the staff in carrying out the more essential duties of routine medical inspection, refraction clinics, etc., rather than in seeking out children for whom at the present time it is not possible to implement the recommendations made. This is particularly so in the case of the Educationally Subnormal, as it is not possible, except in a very few instances, to obtain special boarding school accommodation for them.

While no special effort is made, therefore, to find such children, those who come to our notice or are brought forward by teachers and others are classified in the appropriate category, either at the time by the examining officer, or by referring them to medical officers approved for the purpose in the case of Blind, Deaf, or Educationally Subnormal pupils as required by the regulations.

Comment on the various categories of Handicapped Pupils is given below under the appropriate headings.

(a) Educationally Subnormal.

It has been estimated that approximately 10% of the school population come under this heading, which includes pupils educationally retarded, either from limited ability or other conditions. Medical Officers, who must be approved by the Ministry of Education, make a detailed examination, taking into consideration all the information and relevant facts relating to the child before making a recommendation as to the disposal for special education, which may be either in an ordinary school or a special day or boarding school. Of the children examined during the year and reported to the Medical and Special Services Sub-Committee, the following recommendations have been made :—

(1) For education in an ordinary school with special educational treatment	68
(2) For education in a special day school	40
(3) For education in a special boarding school	98
	206

If a child is considered ineducable after consideration and confirmation by the Authority, the name is reported to the County Committee for the Care of the Mentally Defective, after first giving the parent an opportunity to appeal against the decision to the Minister of Education. The right of appeal is frequently exercised principally because of a misunderstanding on the part of the parent of the implication of such action. In order to minimise such appeals in the future it is intended to explain to the parents by a personal visit of a member of the staff the significance of the proposed notification.

The number notified to the County Committee for the Care of the Mentally Defective during the year was as follows :—

Under section 57 (3) of the Education Act	29
Under section 57 (5) of the Education Act	5
	34

The names of children recommended for special education in an ordinary school are forwarded to the Director of Education for consideration as to the best means of putting the recommendations into effect, either by forming special classes or by arranging for special tuition in certain schools. This is not an easy matter when one considers that only a small number in any particular school is involved.

As referred to above, the shortage of special residential accommodation for Educationally Subnormal children is acute, and at the present time of 168 children recommended for Special Boarding Schools, 11 are at day special schools, 146 at ordinary schools, 1 at an independent school, and 10 are not at school. These figures show the urgency of the need for residential accommodation, and the Committee has been alive to this and explored the possibilities of converting the Rhose Camp into such a school. Plans drawn up with this object in mind were considered by the Ministry of Education and turned down, which is unfortunate, as although not ideal the converted camp would have served a useful purpose. The Ministry suggested that the Authority acquire a large house which could be made suitable with little adaptation, either within Glamorgan or in one of the neighbouring counties, but such accommodation is unobtainable in the County and the Authority is not prepared to accept the suggestion to purchase property outside its own area, even if this could be found.

There is no prospect, therefore, of any immediate solution of this problem, and in the meantime little in the way of special education can be provided for those children, the parents of many of whom, having been informed of the recommendation, are anxiously waiting for something to be done.

The Day Special Schools at Aberdare, Pontypridd, and Barry are fulfilling a useful purpose in dealing with Handicapped Pupils in these areas. The Aberdare Open-air School, which is scheduled in the Development Plan as a school for delicate pupils, has, in the absence of boarding schools for the Educationally Subnormal, been used more for children in this category, the number of this type accommodated being 75 as compared with 54 delicate.

(b) *Deaf and Partially Deaf.*

It will be noticed from Table III on page 35 that the number of Deaf and Partially Deaf pupils is 61 and 45 respectively, which is an increase in the former of 13 and of 41 in the latter over the previous year. It is laid down in regulations made under the Education Act, 1944, that deaf pupils must be taught in a special school, and in a widely scattered County such as Glamorgan special day schools for their tuition being impracticable, vacancies in boarding schools have to be sought. In this instance also the position is a difficult one, as the Royal Cambrian School for the Deaf and Dumb, which was evacuated from Swansea during the war to Newbridge-on-Wye and Rhayader, have been confronted with difficulties in establishing their new school at St. Mellons, near Cardiff. This school, on completion, will provide accommodation for girls, and other premises will be required for boys. In the meantime there are 21 deaf children on the waiting list for admission, with little prospect of this occurring for some time.

It is unfortunate that there is this delay as it is of the greatest importance that valuable time during which these children should be receiving special tuition should not be lost.

The Ministry of Education are aware of the problem and are doing what they can to give urgent priority to the proposed new school.

The partially deaf pupils fall into two groups, viz. those who can be taught in the ordinary school when given special facilities, such as a favourable position in class, and those who are so handicapped by deafness that they make no progress and must be taught in a special school.

The 45 partially deaf pupils, therefore, can be sub-divided in this way and only a small proportion of these require special school tuition. The severity of the handicap does not depend on the hearing loss alone, but also on a pupil's ability to lip read, and his educational progress.

(c) *Blind and Partially Sighted.*

A short Report on the Activities during 1947 of the School for the Blind, Bridgend, by Mr. F. E. Hewitt, the Principal of the School.

The School has just completed the eighteenth year of its existence and this one has proved to be quite as successful as any of the others.

The health of the pupils on the whole has been quite good, although one lad was unfortunate enough to have meningitis and infantile paralysis throughout the year.

A number of girls and boys have entered and have been successful in passing the entrance examinations for the Royal Normal College for the Blind at Shrewsbury, where most of them are now taking commercial courses. The news reached the School recently that an old pupil had obtained First-class Honours M.A. Degree in Philosophy at Swansea University. It seems, however, that he is now finding some difficulty in obtaining a suitable situation.

The School has become increasingly well known, as we seem to be having a continuous stream of visitors from many parts of the world. Our 1947 list included those from U.S.A., Ceylon, Singapore, Italy, Germany, Yugoslavia, and from various training colleges and universities in England and Wales. At present we have a student from Nigeria staying at the School. He has been sent here by the Colonial Office.

The three public events of the year (School eisteddfod, sports, and Christmas concert) went off quite well and were well patronised.

(d) *Maladjusted.*

The maladjusted pupil is defined as one "who shows evidence of emotional instability or psychological disturbance and requiring special educational treatment in order to effect his social or emotional adjustment."

Education Authorities have therefore a statutory duty to provide adequate and efficient arrangements, not only for the ascertainment but also for the treatment of this category, which is dependent upon the availability of suitable staff to form a Child Guidance team and also hostels to which children recommended for removal from the home environment can be sent for a short period.

Child Guidance staff, comprising a psychiatrist, psychologist, and psychiatric social worker, are not easily obtainable, and it has not been possible yet to organise a service in the County.

Similar difficulties of staffing have been encountered by the Cardiff Education Committee, who previously were able to offer facilities for the examination of a small number of County cases at their Child Guidance Clinic, but were unable to do so this year. Towards the end of the year, however, it became possible to refer cases to the Out-patient Department of the Cardiff Royal Infirmary for examination by the visiting Psychiatrist, who, with his staff, investigated the cases for admission to the Lindens Hostel for Maladjusted Children at Penarth, which has been continued by the Social Welfare Department for difficult evacuee children, several of whom remain. As vacancies became available, however, children from the County with behaviour problems, if considered suitable, were admitted, and it has remained full throughout the year. The number in residence at the end of the year was 18, nine of whom were Glamorgan children, seven evacuees, and two from other Authorities.

The children are supervised in the hostel by a sympathetic matron and her staff, and regular visits are paid by a Psychiatrist, who takes a great interest in the welfare of the children, most of whom show quite appreciable improvement after a short time, but the maladjustment for which they are admitted is such that it usually takes a lengthy period of patient and understanding treatment to rehabilitate them. The children do not receive lessons at the hostel but go to local schools.

The scheme works well, and the Head Teachers of the schools concerned have been helpful in dealing sympathetically with the pupils concerned.

The continuation of the hostel has now been agreed, the requisition being transferred to the Education Committee and extended for a period of five years from December, 1945, conditional on assurances that none of the remaining evacuees would be turned out of the hostel unless satisfactory accommodation was available elsewhere for them, and also that the Authority will accept maladjusted children sent by other Local Education Authorities.

(e) *Epileptic.*

There has been an increase of one in the total number of pupils in this category during the year, and it is fortunate that the group is not a large one, as here again great difficulty is found in obtaining vacancies in residential schools.

(f) Diabetic.

Insulin was provided free of charge to 20 pupils during the year, none of whom were however found to be in need of admission to a residential school.

(g) Speech Defects.

The provision of a Speech Therapy Service in the County, which the Committee approved some time ago, has been delayed by the acute shortage of Speech Therapists, and it has only been possible to obtain one officer although the recognised establishment is six.

This Officer, who is full-time, commenced duty on the 27th October in the eastern end of the County, regular clinics being held at Ystrad Mynach and Barry. She has submitted a report, which is reproduced below :—

"In October a survey of school children requiring speech therapy resulted in the opening of speech clinics in Barry and Ystrad Mynach. Many types of speech disorders are receiving attention and some are showing a definite improvement but a long period of treatment is required before a complete cure is effected.

Stammering, which is the most common disorder seen in the clinic, is often a symptom of the child's inability to meet with the demands of everyday life. The aim of the Speech Therapist is to gain the co-operation of the parents and teachers to alleviate any difficulties in the environment of the child and then to break down nervous tension and build up self-confidence.

Dyslalia, also seen in the clinic in large numbers, varies in severity from a general confusion of vowels and consonants to difficulty in the pronunciation of one particular sound.

Speech defects arising from neurological disorders, such as aphasia and from malformation of the articulative organs, are less common. In the two clinics already established there are no children suffering from aphasia and only eleven from cleft palate. It is noticeable that the children who had an operation very early in life are making better progress than those operated on after the beginning of speech.

All speech defects, whatever their cause, require patience, perseverance, and practice. This may take many months but it is hoped that in the future Speech Therapy will play its part in the development of the child's personality and lead towards a fuller enjoyment of life."

The details of the work done at the clinics are set out below :—

Analysis of Work.

Total number of individual school cases seen at clinic	..	..	..	99
Total number of attendances made at clinics	..	..	..	292
Number of cases discharged from clinic	..	..	..	5
Number of current cases at 31st December, 1947	..	..	..	94
Total number of cases remaining on waiting list	..	..	..	15

Analysis of Discharged Cases.

(a) Non-treatment cases—

1. Diagnosis and advice only	5
2. Referrals elsewhere	—
3. Failed to attend after diagnosis	—

(b) Treatment cases—

1. Much improved	12
2. Improved	50
3. Condition unchanged	32
4. Treatment discontinued for various reasons—	
(a) Poor attendance	None
(b) Low I.Q. (ranges M.D.—borderline)	
(c) Left district	
(d) Lack of parental co-operation	
(e) Left school	
Total number of cases discharged	

Table of Symptoms of Cases seen at Clinic.

	No. of Cases.
Dyslalia	27
Stammering	48
Cleft palate	11
Lisp	2
Lateral "S"	3
Dysphonia	2
Aphasia	—
Congenital auditory imperception	—
Speech disorders due to deafness	6
Total	99

(h) *Physically Handicapped.*

In this category are included those pupils "not being pupils suffering solely from a defect of sight or hearing, who, by reason of disease or crippling defect, cannot be satisfactorily educated in an ordinary school or cannot be educated in such a school without detriment to their health or educational development."

The group is comprised of many types, differing from delicate pupils in that their physical handicap is more severe—requiring medical or surgical treatment and staying in bed—or more lasting—requiring special educational treatment during the greater part or all of their school life. It does not include those who, although suffering from deformities and other conditions, can be taught in ordinary schools without detriment to themselves. The return in respect of these Physically Handicapped Pupils (Table III) shows that as far as it has been possible to ascertain there are 24 at present in maintained Primary or Secondary Schools, while 116 are not at school. The latter includes children who are suffering from pulmonary and non-pulmonary tubercular conditions.

The Welsh National Memorial Association, which is responsible for the treatment of tuberculosis in Wales, has available hospitals at which children can receive education during the prolonged convalescence so often associated with this disease, and whenever possible admission of suitable cases is arranged.

Rheumatism also often results in illness requiring a long period of rest in bed and eight children with this complaint have been admitted during the year to the Rheumatic Hospital School, Sandbrook House, Merthyr. This has proved of great benefit, which is appreciated as the demand on the available children's bed accommodation in hospitals in the County is heavy and insufficient to deal with such long-stay cases, and there is, of course, the added advantage that their education is continued.

The number of physically handicapped pupils at present in special schools is 64.

Among the Physically Handicapped there is another small group who, because of their condition, cannot be admitted to special schools. If they are to receive any education at all they must be taught at home, but the tuition which can be provided is regarded by the Ministry of Education as an inefficient substitute for the education which can be given at a special school and, therefore, tuition at home is only considered where it is not possible to obtain a vacancy in a suitable special school. This limited instruction at home will, however, serve a most useful purpose as otherwise these unfortunate cripples would be deprived of education which can be of inestimable value to those who are likely to be confined to a life of partial inactivity.

Having as yet no special school for the physically handicapped, and being faced with the difficulty of obtaining places in special schools, the Authority submitted several cases to the Ministry, and consent to home tuition of an hour per day for five days in the week was received for four pupils.

(i) *Delicate.*

The only special provision for delicate pupils is at the Aberdare Open-air School, where children temporarily below par can be educated under open-air conditions and receive other benefits, such as additional nourishment and a period of rest in the afternoon. After a short stay there is often such a marked improvement in physique that Dr. E. A. Marsden, who each term carries out a medical inspection of those in attendance, is able to recommend that some at least are sufficiently improved to return fit to their previous school.

This school serves a most useful purpose and it is unfortunate that there are not others of the type available in the County.

DENTAL INSPECTION AND TREATMENT.

(Report of Mr. John Young, L.D.S., the Senior Dental Officer.)

At the beginning of the year 1947 our dental staff, excluding that of the Rhondda Excepedt District, consisted of twelve whole-time Dental Officers and three part-time Officers. An additional Officer was appointed at the beginning of the year and during the year another two whole-time Officers were appointed. The service, therefore, functioned throughout the year in a greatly improved strength, although still below our approved establishment. One of the part-time Officers resigned in July, but later in the year we secured the services of another Officer for one whole day per week. We were in a much more favourable position than we had been since 1940, when we started to lose members of our staff through war service. During the year we were able to expand the time allowance at many clinics and in some areas our overdue routine inspections were resumed. Services were maintained at 45 centres, including the Gower group of schools.

As I reported in the Annual Report for 1946, the dental services of the former Part III areas are now completely integrated within the County service.

A tabulated statement of dental work done in the Rhondda Excepedt Area is given on page 50.

Of the 54,244 children inspected, 32,405 were found to require treatment and 19,927 were actually treated or re-treated and 49,281 attendances were recorded. 29,807 temporary teeth and 4,268 permanent teeth were extracted, a total of 34,075. 6,651 fillings were inserted into temporary teeth and 13,593 fillings were inserted into permanent teeth, a total of 20,244 fillings. 10,270 other operations were recorded. The number of nitrous oxide and oxygen administrations was 5,388.

The number of extractions, both of temporary and permanent teeth, remains high but I think the explanation can largely be found in the fact that during the war, when our staff was so very much reduced (during one year we had only three whole-time Officers) many areas were perforce very much neglected and only now with our numerically improved staff are we able to combat the mischief. The high number of "other operations" may be due to the large numbers of casualties presenting themselves for emergency treatment at some of our clinics, and dressings of a palliative nature to treat these cases come within the figure. While I am discussing this item, I would like to mention that in most of the former Part III areas this treatment of casualties was rather encouraged. In certain areas, quite considerable numbers of casualties are still being sent to the clinics, sometimes considerably embarrassing the routine procedure of the clinics concerned.

Our new departure in the treatment of orthodontic cases has resulted in 355 cases being brought under treatment during the past year. As I said in my last report, this first year would be rather experimental, and I think I can say that the dental officers realise the types of cases that can profitably be undertaken, and equally important, the cases that should not be undertaken, as the time occupied in orthodontic work frequently reduced considerably the time available for routine cases. However, the high measure of success is gratifying and the thanks of patients and parents are very encouraging indeed. Another measure of treatment which has earned the appreciation of patients is the provision of dentures where necessary, e.g. to replace teeth broken by falls in school yards or during hockey and rugby matches, and occasionally to replace those lost through extensive decay.

Consequent upon the appointment of a new officer at the beginning of the year, fuller attention was given to the needs of the Caerphilly and Bargoed areas, and it is now hoped similarly to improve conditions in the Maesteg area in the coming year. These two populous areas, as I reported last year, have had less frequent treatment facilities than was desirable. Generally in other areas we are now able to conduct clinics in a manner approaching pre-war years.

As I reported last year, we have improved our equipment very much and I sincerely hope that sometime in the near future something can be done to improve certain of our clinic premises, particularly Cymmer and Gorseinon, where our clinics are held in unsatisfactory premises.

Gas sessions, as in former years, continue to be held in those clinics equipped to provide such service.

Our future plans are very much concerned, not only with the recently implemented Education Act, but also the forthcoming National Health Service. We are to regard the treatment of expectant and nursing mothers and also the pre-school age child as a priority service. This cannot be done without expansion of staff and consideration of areas, and also a calculation of the amount of school population capable of being handled by a dental officer. There is a certain amount of difficulty in securing personnel at present and other authorities also are seeking additional officers.

With the added sessions recently devoted to treatment at the Skewen Dental Clinic, which is under my personal care, I find that I am able to deal effectively with a school population of about 2,780, which approximates the Ministry's recommendation of one dental officer to 2,500-3,000 pupils.

The County Council's obligation to provide dental inspection and treatment of mothers and young children presents a dental staffing problem of which we have had no direct experience.

The effect of this new obligation, which lays emphasis on prompt dental examination and conservative treatment, will undoubtedly mean a revision of the formula on which our establishment has previously been based but until more definite knowledge has been gained of the extent of the dental needs of the new priority classes it would be unsafe to make any but the most tentative forecast of our likely requirements.

Treatment under Section 48 (3) of the Education Act, 1944.

The scheme referred to in last year's Annual Report in so far as treatment is concerned has worked well, and parents have been relieved of any anxiety regarding payment of the maintenance costs of children admitted to hospital in accordance with the approved arrangements. It is not possible to give an accurate assessment of the numbers dealt with, but approximately 1,000 cases per month are referred to hospital.

8. INFECTIOUS DISEASE.

The year has been marked by an unprecedented outbreak of Anterior Poliomyelitis and of 103 cases notified approximately 40 were children of school age, two of whom unfortunately succumbed to the disease. Residual paralysis in varying degree resulted in approximately half of those affected.

Among the first cases reported were three in a nursery class attached to a small infants' school in the Neath Divisional Executive area, and as several of the pupils gave a history of an abortive attack it was considered advisable to close the department. This was the only instance in which it became necessary to implement school closure for this or any other form of infectious disease during the year.

As mentioned elsewhere in the report, close liaison was maintained with the District Medical Officers in making available to them the services of the School Orthopaedic staff.

The incidence of Diphtheria continues to decline consequent on the active policy of immunisation which has been pursued by the District Sanitary Authorities. Every facility has been granted to Medical Officers of Health for the carrying out of immunisation in the schools, requests for permission to visit the schools for the purpose being readily granted.

An active campaign has been carried out during the year by Dr. D. J. Davies, Medical Officer of Health in Port Talbot, where three fatal cases of the disease occurred early in the year, and there was an outbreak with eight cases in one school in March, which were fortunately of a milder type. The Medical Officer of Health of Maesteg also reported two fatal cases in September, the ages of these scholars being 6 and 5 years. Neither had been immunised. He carried out a detailed investigation in the schools concerned, as sporadic cases of diphtheria had been occurring since early in the year, principally in school children. Of 12 pupils aged 5-17 years admitted to the Maesteg Isolation Hospital, eight were, in Dr. Amdor's opinion, clinical cases of diphtheria, the ninth was classified as "Diphtheritic tonsillitis," and the remaining three, carriers of virulent diphtheria. Only two of the 12 cases had been immunised.

Measures were immediately taken by him to arrange for immunisation in the schools and 600 children aged 5-16 years were given first injections before the end of the year.

In Neath the Medical Officer of Health, Dr. Stubbins, visited the schools, not only for the immunisation of children not previously done, but also to give a boosting dose, and the level of immunity in this area is now high.

An outbreak of scarlet fever of the mild type, which has been occurring of recent years, involving 14 pupils, occurred in a school in the Mid-Glamorgan Division. A full investigation was carried out by the Medical Officer of Health of the [district concerned, with the assistance of Dr. Scott Thompson of the Emergency Public Health Laboratory, who has been most helpful not only in this but in investigations on the Diphtheria Carrier rate in certain schools. The latter is a long-term investigation and no reports on his findings are yet available.

Other than the common infectious diseases referred to above, comment has been made by several medical officers on the prevalence of nasal catarrh and upper respiratory infections. In Port Talbot, for instance, Dr. D. J. Davies comments that in the late spring and early autumn two-thirds of the children inspected appeared to be infected, and remarks such as "my child is subject to bad colds and sore throats" and "his or her nose is always stuffed up" were frequent at the medical inspections. These conditions are frequently associated, of course, with bad weather conditions, and the early part of the year was unusually severe. Added to this, the difficulty of obtaining good footwear and warm clothes may have an effect in producing chills at such times. A deficiency of protective vitamins may also have an effect, and the provision of cod liver oil, not only to children under 5 years of age but in the older age groups also, may have a beneficial effect. At the present time cod liver oil and malt is issued to those for whom it is recommended by the School Medical Officers, who, however, only see a proportion of children attending the schools each year.

9. MASS RADIOGRAPHY OF SECONDARY SCHOOL CHILDREN.

Early in the year the Medical Officer in charge of the Mass Radiography Unit stated that the Unit could be made available to X-ray all children attending County Secondary Schools. The Education Committee gave authorisation for the necessary arrangements to be made, thus implementing a decision made in 1943 to co-operate in every way with the Welsh National Memorial Association in the extension of Mass Radiography. The interest of the Head Teachers was obtained by the Director of Education, who explained to their organisation the proposed method of examination, which was to examine the children in groups of approximately 1,500 in selected schools, the choice of school depending on the availability of a 60 amp. single phase A.C. electric main, and also access permitting the Unit to be run in close to the school.

The procedure adopted at each centre by the Medical Officer in charge and his staff was to X-ray approximately 500 pupils each day for the first three days of the week and then to read the miniature films, after which all those pupils shown to have an abnormality requiring further investigation were recalled on the fourth day for large films to be taken. If the latter confirmed that there was a lesion which should be brought to the notice of the parents, they were notified to attend on the fifth day for interview. This system worked well and there was no delay in notifying the pupils of the result of the examination.

Altogether 17,689 pupils were examined, the only secondary school pupils not X-rayed being at Pontypridd, where the current available was D.C., and therefore unsuitable for the work, and Gowerton, where difficulties were met in finding suitable accommodation, and the dates on which the Unit was available when in the western end of the County clashed with the scholarship examinations.

An analysis of the results shows that there were 11 confirmed cases of pulmonary tuberculosis, or 0.061%. These were referred to the Tuberculosis Officer of the area concerned, as were also 43 cases for observation because of suspected tuberculosis or other chest conditions.

Reports have since been received from the Tuberculosis Officers on the eleven cases of pulmonary tuberculosis, which show that with one exception the disease was in an early stage. Treatment in a sanatorium was advised in six cases, four are receiving treatment at home, and one parent refused treatment.

The greater proportion of the 43 observation cases were referred because of suspected primary lesions, but there were several other interesting chest conditions. The group may be categorised as follows:—

- 16 No evidence of active disease and discharged from T.B. dispensary as fit.
- 16 Further observation required but fit to attend school.
- 8 Did not attend for examination ; being followed up.
- 1 Hydatid cyst of lung.
- 1 Diaphragmatic hernia.
- 1 ? Tumour of lung. Remaining under observation.

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The boy with the Hydatid cyst of the lung was referred to the chest unit at Sully Hospital, where he was admitted and successfully operated upon. He was able to return to school within two months and is now reported as being quite fit.

The case of Diaphragmatic hernia has also been referred for treatment and is awaiting admission.

Conditions discovered other than those referred to above were Bronchiectasis, enlargement of the heart due to either congenital heart disease or rheumatism, and a large number of minor deformities of the chest and spinal column, mostly postural defects. These abnormalities are recorded on the child's record card, and an examination will be arranged if required later.

Whilst this survey has been an interesting experiment, it appears that its value lies in being one of a series of such surveys. However, it is very doubtful if the effort expended and enthusiasm engendered in the schools for this survey could be repeated very easily.

STATISTICAL TABLES.

TABLE I.

MEDICAL INSPECTION OF CHILDREN ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS, EXCLUDING THE RHONDDA EXCEPTED DISTRICT.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	..	..	..	..	..	..	9,228
Second Age Group	..	..	..	..	..	..	9,400
Third Age Group	..	..	..	..	..	..	3,968
TOTAL	..	..	..	..	..	..	<u>22,596</u>

Number of other Routine Inspections :—

Bridgend Blind School	..	..	..	..	..	94
TOTAL	..	..	..	..	..	<u>22,690</u>

B.—OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	..	5,033
Number of Children examined at General Surveys	..	..	..	..	5,538
Number of Re-inspections	..	..	..	..	12,678
					<u>23,249</u>

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require treatment (excluding DEFECTS OF NUTRITION, UNCLEANLINESS, AND DENTAL DISEASES).

GROUP.	For defective vision (excluding squint).	For all other conditions recorded in Table IIa.	Total number of individual children requiring treatment.
Entrants	153	1,143	1,277
Second Age Group	709	903	1,570
Third Age Group	372	318	669
Total (Prescribed Groups)	1,234	2,364	3,516
Other Routine Inspections—Bridgend Blind School	—	9	9
Grand Total	1,234	2,373	3,525

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1947.

Defect or Disease.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
Skin	135	63	53	13
Eyes : (a) Vision	1,234	172	281	10
(b) Squint	191	28	59	6
(c) Other	93	55	58	8
Ears : (a) Hearing	16	64	25	25
(b) Otitis Media	7	9	7	6
(c) Other	63	59	27	38
Nose or Throat	707	2,235	1,349	717
Speech	45	47	30	21
Cervical Glands	37	431	6	55
Heart and Circulation	48	354	26	171
Lungs	151	234	239	130
Developmental : (a) Hernia	22	30	6	5
(b) Other	11	36	22	22
Orthopaedic : (a) Posture	334	170	81	10
(b) Flat Foot	344	101	60	1
(c) Other	143	116	53	18
Nervous System : (a) Epilepsy	1	12	6	33
(b) Other	5	33	10	44
Psychological : (a) Development	46	45	165	42
(b) Stability	—	1	11	16
Other Defects and Diseases	186	375	109	228
Totals	3,819	4,670	2,683	1,619

TABLE II—*continued*.

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN ROUTINE AGE GROUPS

Age Groups.	Number of Children Inspected.	A (Good).		B (Fair).		C (Poor).	
		No.	%	No.	%	No.	%
Entrants	9,228	3,848	41·69	5,074	54·99	306	3·32
Second Age-Group. ..	9,400	4,130	43·94	4,770	50·74	500	5·32
Third Age-Group ..	3,968	1,786	45·01	2,088	52·62	94	2·37
Total	22,596	9,764	43·21	11,932	52·81	900	3·98
Other Routine Inspections: Bridgend Blind School	94	77	81·91	14	14·89	3	3·20
Total	22,690	9,841	43·37	11,946	52·65	903	3·98

TABLE III.

RETURN OF ALL HANDICAPPED PUPILS IN THE AREA
(excluding the Rhondda Urban District).

Category of Handicap.	At Special Schools.	At Maintained Primary and Second- ary Schools.	At Independent Schools.	Not at School.	Total.
A. Blind	16	—	—	1	17
B. Partially sighted	13	—	—	—	13
C. Deaf	38	15	—	8	61
D. Partially deaf	1	36	1	7	45
E. Delicate	64	71	1	15	151
F. Diabetic	—	—	—	—	—
G. Educationally sub-normal	81	270	2	11	364
H. Epileptic	1	9	—	1	11
I. Maladjusted	8	5	—	—	13
J. Physically handicapped	64	24	—	116	204
K. Speech defect	—	78	—	1	79
L. Multiple defects :—					
(i) Partially sighted, educationally sub-normal and epileptic	1	—	—	1	2
(ii) Deaf and educationally sub- normal	—	1	—	—	1
(iii) Partially deaf, educationally sub-normal and speech defect	—	1	—	—	1
(iv) Delicate and educationally sub- normal	10	—	—	—	10
(v) Educationally sub-normal and epileptic	2	—	—	1	3
(vi) Educationally sub-normal and maladjusted	1	2	—	—	3
(vii) Educationally sub-normal and physically handicapped	1	3	—	4	8
(viii) Educationally sub-normal and speech defect	—	1	—	—	1
(ix) Physically handicapped and speech defect	—	—	—	1	1
Total	301	516	4	167	988

TABLE IV.
TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table VII on page 39).

Disease or Defect. (1)	Number of Defects treated or under treatment during the year. (2)
Skin :— Ringworm.—Scalp { (i) X-ray treatment 27 (ii) Other treatment 40 Ringworm.—Body 133 Scabies 643 Impetigo 709 Other Skin Diseases 783 Minor Eye Defects (external and other, but excluding cases falling in Group II) .. 825 Minor Ear Defects 676 Miscellaneous (e.g. minor injuries, bruises, sores, chilblains, etc.) 4,160	
Total	7,996

TABLE IV—*continued.*

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as MINOR AILMENTS—Group I).

Defect or Disease. (1)	Number of pupils dealt with under the Authority's Scheme. (2)
Errors of Refraction (including Squint)	7,632
Other Defects or Disease of the eyes (excluding those recorded in Group I) ..	—
Total	<u>7,632</u>
No. of children for whom spectacles were :—	
(a) Prescribed	3,274
(b) Obtained	3,026

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

(1)	Number of pupils dealt with under the Authority's Scheme. (2)
Received operative treatment :—	
(a) For adenoids and chronic tonsillitis	} Details not available.
(b) For other nose and throat conditions	
Received other forms of treatment	—
Total number treated ..	<u>1,347</u>

TABLE IV—*continued.*

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with Education.	Residential treatment without Education.	Non-residential treatment at an Orthopaedic Clinic.	Residential treatment with Education.	Residential treatment without Education.	Non-residential treatment at an Orthopaedic Clinic.	
	i.	ii.	iii.	i.	ii.	iii.	
Number of children treated	47	36	2,142	—	—	—	2,225

TABLE V.

DENTAL INSPECTION AND TREATMENT.

Number of children inspected by the Dentist :—

(a) Routine Age-groups	..	..	..	..	..	..	..	..	..	43,734
(b) Specials	..	..	..	..	..	..	..	..	..	10,490
(c) Total (Routine and Specials)	..	..	..	..	..	..	..	..	..	54,224

Number found to require treatment	..	..	..	..	..	..	..	..	..	32,405
Number actually treated	..	..	..	..	..	..	..	..	..	19,927
Attendances made by children for treatment	..	..	..	..	..	..	..	..	..	49,281

Half-days devoted to :—

Inspection	..	..	..	474
Treatment	..	..	..	5,751
Total	..	..	..	6,225

Extractions :—

Permanent Teeth	..	..	..	4,268
Temporary Teeth	..	..	..	29,807
Total	..	..	..	34,075

Administrations of general anaesthetics for
extractions

..	..	..	..	5,388
----	----	----	----	-------

Fillings :—

Permanent Teeth	..	..	..	13,593
Temporary Teeth	..	..	..	6,651
Total	..	..	..	20,244

Other operations :—

Permanent Teeth	..	..	..	8,885
Temporary Teeth	..	..	..	1,385
Total	..	..	..	10,270

TABLE VI.

UNCLEANLINESS AND VERMINOUS CONDITIONS.

Average number of visits per school made during the year by the School Nurse—4·5.

Total number of examinations of children in the schools by School Nurses—298,079.

Number of individual children found unclean—11,969.

TABLE VII.

UNCLEANLINESS.

Showing the result of the examination and re-examination of children in regard to cleanliness by the School Nurses.

	Boys.		GIRLS.	
	Number of examinations, 140,867.		Number of examinations, 125,639.	
Head :—Clean	138,928	% 98·62	116,856	% 93·01
Nits	1,825	1·29	8,330	6·63
Pediculi and Sores	114	·09	453	·36
Body :—Clean	140,152	99·50	125,294	99·72
Dirty	701	·49	336	·27
Verminous	14	·01	9	·01
Clothing :—Clean	140,276	99·58	125,293	99·73
Dirty	591	·42	346	·27
	Number of re-examinations, 8,951.		Number of re-examinations, 22,622.	
Head :—Clean	6,946	% 77·60	8,590	% 37·97
Nits	1,948	21·76	13,496	59·66
Pediculi and Sores	57	·64	536	2·37
Body :—Clean	7,528	84·10	21,933	96·95
Dirty	1,397	15·61	678	3·00
Verminous	26	·29	11	·05
Clothing :—Clean	7,553	84·38	21,958	97·06
Dirty	1,398	15·62	664	2·94

RHONDDA URBAN DISTRICT.

OBSERVATIONS OF THE DISTRICT SCHOOL MEDICAL OFFICER ON THE SCHOOL HEALTH SERVICES DURING THE YEAR 1947.

The number of pupils on the registers in the maintained primary and secondary schools in the district at the end of the year 1947 amounted to 20,269, of whom 13,694 attended the primary schools (including two nursery schools with pupils ranging from 2 to 7 years) and 6,575 attended the secondary schools (modern, grammar, or technical).

Medical Inspection.

During the year 4,164 pupils were medically inspected in the code groups, of whom 1,424 were in the entrant group, 1,356 were in the second age-group, and the remaining 1,384 were in the third age-group. The number examined during 1947 was approximately one-half of that examined during 1946, because one assistant medical officer was granted leave of absence for two days a week in order to pursue a post-graduate course, and another assistant medical officer was granted leave of absence to study for a higher medical qualification, and it was not possible to replace these medical officers.

FINDINGS OF MEDICAL INSPECTION.

General Conditions of Pupils.

The assessment of the general condition of the pupils has been largely based on their nutritional state and their general state of fitness, including alertness, colour of mucous membranes, etc., and the principal basis of comparison with previous years depends on the assumption that children who are classified as "good" were formerly regarded as being of "excellent" or "normal" nutrition, children classified as "fair" were comparable to those previously grouped as of "slightly subnormal nutrition" and children now regarded as "poor" were formerly classified as being of "bad" nutritional condition.

The subjoined table indicates that the general condition of the children in the district, as indicated by the assessment of those examined in the three age-groups, was well maintained during 1947. It is possible that the very severe weather experienced in February and March had an unfavourable influence on the general condition of the pupils examined, but fortunately the prolonged fine weather from June to the end of September had some compensatory effect.

As in previous years, the condition of the second age-group was worse than that of the other two groups; the aggregate of the proportions classified as "fair" and "poor" in the second age-group was more than twice the proportions similarly classified in the other two age-groups. These findings indicate that greater attention should be devoted to children at the time of, or as soon as possible after, entry into the junior departments.

CLASSIFICATION OF THE NUTRITION AND GENERAL CONDITION OF PUPILS INSPECTED IN 1938-1947.

Year.	Number of children inspected in the code groups.	A (Excellent Nutrition).	B (Normal Nutrition).	C (Slightly Subnormal Nutrition).	D (Bad Nutrition).
		%	%	%	%
1938	7,331	11.6	74.2	13.8	0.4
1939	3,473	9.0	73.8	16.6	0.6
1940	5,563	11.2	68.7	19.0	1.1
1941	5,046	11.5	69.7	18.2	0.6
1942	7,318	15.3	68.2	16.2	0.3
1943	3,531	11.7	72.2	15.8	0.3
1944	4,479	15.0	69.9	14.9	0.2
1945	4,634	24.5	60.9	14.2	0.4
1946	8,233	24.8	65.5	9.4	0.3
		A (Good)		B (Fair)	C (Poor)
1947	4,164	89.7		9.8	0.5

SCHOOL MEALS, ETC.

Year.	Dinners or Mid-day Meals.	Milk Meals.
1938	66,752	2,087,602
1939	29,307	1,502,417
1940	19,808	1,553,508
1941	20,204	1,674,032
1942	78,534	1,082,365
1943	554,160	1,518,645
1944	1,782,571	4,372,656
1945	2,072,844	3,693,090
1946	1,937,703	3,598,594
1947	1,819,136	3,022,768

Scabies and Impetigo. The incidence of scabies (1·1 per cent) was greater than in pre-war years (0·1 and 0·2 per cent in 1936 and 1937 respectively) but was reduced to approximately one-half of that recorded in the previous year; the incidence of impetigo (0·4 per cent) was reduced to a similar extent.

Defective Vision, amounting to 6/12 or less, was found in 9·2 per cent of the children inspected in the age-groups, and squint was recorded in 1·7 per cent of the inspections.

Enlarged tonsils and adenoids were diagnosed in 4·9 per cent of the children examined in the code groups, and in 21·6 per cent of the children there was some enlargement of the tonsils only. The recorded incidence of enlargement of the tonsils has shown considerable increase during recent years; in the five years 1936–1940 the proportion was 10·1 per cent and in the five years 1941–1945 25·6 per cent. The proportion for 1947 shows a decrease on the latter figure but is still unduly high. The increase may partly be due to an alteration in the clinical assessment of enlargement of the tonsils but there remains the impression that infections of the throat, particularly of a streptococcal nature, have been more prevalent amongst school children than in previous years. The examinations of throat swabs taken by members of the staff of the Health Department and by medical practitioners have indicated the presence of streptococci much more frequently than in previous years.

The presence of organic heart disease (1·8 per cent amongst those examined in the three age-groups) also appears to be more frequently detected than in previous years, and this increased proportion may likewise be due to a greater incidence of streptococcal infections.

No definite case of pulmonary tuberculosis was discovered amongst the school population but three children were referred for further observation.

TREATMENT.

Minor Ailments. The treatment of minor ailments was undertaken at the five clinics situated at Ynyswen; Trafalgar Terrace, Ystrad; Carnegie Welfare Centre, Trealarw; Ynys Villas, Ynyshir; and Oakland Terrace, Ferndale; and the numbers of attendances were as follows:—

	<i>Attendances.</i>				
Ringworm—head	..	..	..	..	116
Ringworm—body	..	..	..	..	157
Scabies	..	..	..	..	1,367
Impetigo	..	..	..	..	1,166
Other skin diseases	..	..	..	..	418
Eye defects	..	..	..	..	47
Ear defects	..	..	..	..	122
Other minor ailments	..	..	..	..	232
Unclean heads	..	..	..	..	85
Unclean body	..	..	..	..	3
Total	..	..	..	..	<u>3,713</u>

The number of attendances for the treatment of scabies was approximately one-half of that recorded in the previous year and there were 422 fewer attendances for the treatment of impetigo.

Defective Vision and Squint. 1,261 children were examined for errors of refraction and prescriptions for glasses were given in 1,019 instances; the required spectacles were provided by the Authority for 904 children. In addition, four children underwent operative treatment for squint.

Chronic Tonsillitis and Adenoids. The number of children who received operative treatment for chronic tonsillitis and adenoids under the Authority's scheme was 202 as compared with 397 in the preceding year; the numbers operated on at the Llwynypia, Pentwyn, and Treherbert Hospitals, were 105, 66, and 31 respectively. The reduction in the number operated upon was to some extent due to the undue prevalence of acute poliomyelitis from July to the late autumn, during which period operative treatment of naso-pharyngeal conditions was not considered desirable.

Orthopaedic Treatment. During the year Mr. Rocyn Jones, the Consulting Orthopaedic Surgeon, examined 96 children for the first time and re-examined 98 children at the Carnegie Welfare Centre, Trealew. The principal conditions on account of which the children were referred for examination were as follows:—

	Cases.
Talipse	8
Spinal curvature	6
Paralysis	7
Genu valgum or varum	17
Bad posture	7
Pes valgus	26
Pes cavus	6
Hallux valgus	3
Injuries or other defects	16
	96

Eighteen children were admitted to the Prince of Wales' Hospital, Cardiff, for in-patient treatment on the recommendation of the Orthopaedic Surgeon.

The orthopaedic nurse previously employed by the Authority, having resigned in order to undertake duties as Superintendent Physiotherapist in the Rheumatism Clinic at the Carnegie Welfare Centre, was able to devote a small proportion of her time to the treatment of children of school age, and the following is a summary of the work done by her in the interests of the school children:—

Attendances of children at clinics for—	
Remedial exercises	481
Electrical treatment	244
Light therapy	111
Massage	56
Boots repaired or adjusted	147
Splints provided	11
Appliances provided	4
Appliances altered or repaired	18
Plasters applied	23
Plasters removed	10

Hospital Treatment. In addition to treatment provided in accordance with the Authority's special schemes relating to chronic tonsillitis and adenoids, visual defects and orthopaedic conditions, arrangements were made for the treatment of various other defects by reference to the hospitals specified below, for in-patient or out-patient treatment:—

Hospital.	Referred by		Total cases.
	School Health Service.	Family Medical Attendants (Emergencies).	
Treherbert	—	89	89
Pentwyn	—	1	1
Llwynypia	48	43	91
Porth and District	—	124	124
East Glamorgan (Church Village)	9	76	85
Cardiff Royal Infirmary ..	22	216	238
Mid-Glamorgan (Bridgend) ..	—	3	3
Bristol Royal Infirmary ..	—	2	2
Leominster and District ..	—	1	1
Manfield Orthopaedic	—	1	1
Totals	79	556	635

The treatment undertaken at the four last-mentioned hospitals in the above list was in respect of Rhondda school children who were away from the district on holidays or temporary visits.

Dental Inspection and Treatment. During 1947 the dental staff continued to be depleted by illness and lack of applicants for vacant posts, and during the year only 1,821 children were examined in the routine dental inspections at the schools and 1,848 children were examined as specials; of the 1,821 children subjected to routine dental inspection, 1,212 or 66·6 per cent were referred for treatment whilst all the children examined as "specials" required treatment. The number of children treated during the year amounted to 3,671 and nitrous oxide anaesthesia was administered on 2,116 occasions.

A certain amount of orthodontic treatment was also carried out during the year.

Miscellaneous Work. During the year the following work was also undertaken by the School Medical Staff :—

I. Examinations at Clinics—

For persistent non-attendance at school	43
Referred by local magistrates	4
Referred by head teachers	581
Referred by school medical staff	198
Re-examinations of above cases	317
Children for employment in entertainments	11
Bursars, etc. :	
Primary examinations	6
Re-examinations	24
Boarded-out children :	
Primary examinations	14
Re-examinations	39

II. Examinations at School—

Boys selected for holiday camp	688
Girls selected for holiday camp	54

MEDICAL INSPECTION AND TREATMENT OF PUPILS IN ATTENDANCE AT MAINTAINED PRIMARY AND SECONDARY SCHOOLS IN THE RHONDDA URBAN DISTRICT (an Excepted Area).

TABLE I.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	1,424
Second Age Group	1,356
Third Age Group	1,384
Total	<u>4,164</u>

Number of other Routine Inspections	—
Total	<u>4,164</u>

B.—OTHER INSPECTIONS.

Number of Special Inspections	1,034
Number of Re-inspections	7,755
Total	<u>8,789</u>

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require treatment (excluding DEFECTS OF NUTRITION, UNCLEANLINESS, AND DENTAL DISEASES).

Group.	For defective vision (excluding squint).	For all other conditions recorded in Table IIa.	Total number of individual children requiring treatment.
Entrants	2	626	626
Second Age Group	188	523	636
Third Age Group	203	430	607
Total (Prescribed Groups)	393	1,579	1,869
Other Routine Inspections	—	—	—
Grand total	393	1,579	1,869

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1947.
(RHONDDA EXCEPTED DISTRICT).

Defect or Disease. (1)	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment. (2)	Requiring to be kept under observation, but not requiring Treatment. (3)	Requiring Treatment. (4)	Requiring to be kept under observation, but not requiring Treatment. (5)
Skin	229	2	17	—
Eyes—(a) Vision	393	—	52	—
(b) Squint	72	—	5	—
(c) Other	71	—	9	—
Ears—(a) Hearing	10	2	2	—
(b) Otitis Media	24	—	4	—
(c) Other	11	1	1	—
Nose or Throat	1,015	146	93	13
Speech.. .. .	38	—	1	—
Cervical Glands	1,201	10	89	—
Heart and Circulation	483	178	46	19
Lungs	252	47	19	7
Developmental—(a) Hernia	—	—	—	—
(b) Other	142	9	8	—
Orthopaedic—(a) Posture	14	—	1	—
(b) Flat Foot	13	—	—	—
(c) Other	459	3	67	—
Nervous System—(a) Epilepsy	2	5	—	—
(b) Other	14	3	5	—
Psychological—(a) Development	—	—	—	—
(b) Stability	—	—	—	—
Other	170	8	16	4
Total number of Defects ..	4,613	414	435	43

TABLE II—*continued*.

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN ROUTINE AGE GROUPS

Age Groups.	Number of Children Inspected.	A (Good).		B (Fair).		C (Poor).	
		No.	%	No.	%	No.	%
Entrants	1,424	1,316	92·4	106	7·4	2	0·1
Second Age Group ..	1,356	1,133	83·5	214	15·8	9	0·7
Third Age Group ,.. ..	1,384	1,286	92·9	89	6·4	9	0·7
Total	4,164	3,735	89·7	409	9·8	20	0·5
Other Periodic Inspections	—	—	—	—	—	—	—
Total	4,164	3,735	89·7	409	9·8	20	0·5

TABLE III.

RETURN OF ALL HANDICAPPED PUPILS IN THE AREA OF THE RHONDDA EXCEPTED DISTRICT.

(Information not available in time for inclusion in the report.)

Defect.	At Special Schools.	At Maintained Primary and Secondary Schools.	At Independent Schools.	Not at School.	Total.
A. Blind	—	—	—	—	—
B. Partially Blind	—	—	—	—	—
C. Deaf	—	—	—	—	—
D. Partially Deaf	—	—	—	—	—
E. Delicate	—	—	—	—	—
F. Diabetic	—	—	—	—	—
G. Educationally Sub-normal	—	—	—	—	—
H. Epileptic	—	—	—	—	—
I. Maladjusted	—	—	—	—	—
J. Physically Handicapped	—	—	—	—	—
K. Speech Defect	—	—	—	—	—
L. Multiple Defects :—					
(i)	—	—	—	—	—
(ii)	—	—	—	—	—
(iii)	—	—	—	—	—

TABLE IV.

GROUP I.	GROUP II.					GROUP III.		
Treatment of Minor Ailments (excluding uncleanness).	Treatment of Defective Vision and Squint under the Authority's Scheme.					Treatment of Defects of Nose and Throat under the Authority's Scheme.		
Total Number of Defects treated or under treatment during the year under the Authority's Scheme.	Errors of Refraction (including squint).	Other defect or disease of the eyes (excluding Group I).	Total.	No. of Children for whom spectacles were		Received operative treatment.	Received other forms of treatment.	Total No. Treated.
				Pre-scribed.	Ob-tained.			
1,145	1,261	28	1,289	1,019	904	194	—	194

TABLE IV—*continued*.

(RHONDDA EXCEPTED DISTRICT.)

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with Education. i.	Residential treatment without Education. ii.	Non-residential treatment at an Orthopaedic Clinic. iii.	Residential treatment with Education. i.	Residential treatment without Education. ii.	Non-residential treatment at an Orthopaedic Clinic. iii.	
Number of children treated	} 20	—	213	—	—	—	233

TABLE V.

DENTAL INSPECTION AND TREATMENT.

Number of children inspected by the Dentist :—

(a) Routine Age-groups	1,821
(b) Specials	1,848
(c) Total (Routine and Specials)	<u>3,669</u>

Number found to require treatment	3,052
Number actually treated	3,671
Attendances made by children for treatment	7,505

Half-days devoted to :—

Inspection	20
Treatment	558
Total	<u>578</u>

Extractions :—

Permanent Teeth	658
Temporary Teeth	3,223
Total	<u>3,881</u>

Administrations of general anaesthetics for extractions

2,116

Fillings :—

Permanent Teeth	2,507
Temporary Teeth	257
Total	<u>2,764</u>

Other operations :—

Permanent Teeth	1,921
Temporary Teeth	3,508
Total	<u>5,429</u>

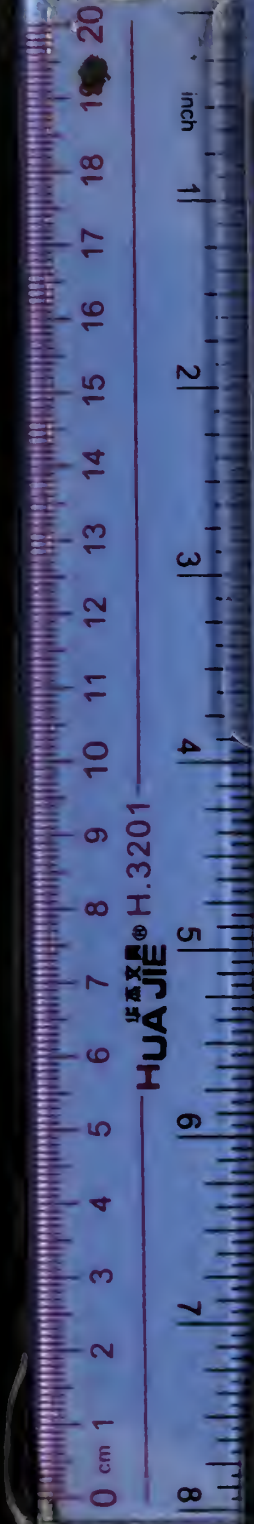
TABLE VI.

UNCLEANLINESS AND VERMINOUS CONDITIONS.

Average number of visits per school made during the year by School Nurse—3·0.

Total number of examinations of children in the schools by School Nurses—42,485.

Number of individual children found unclean—1,158.



RIGHT

